



State of Hawaii, Department of Health
Wastewater Branch

Date Received:

Notice of Intent for HAR, Chapter 11-62, Appendix B
General Permit for Treatment Works

Before completing this form, read the Guidelines for WWB - NOI Appendix B.
Alterations of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for WWB - NOI Appendix B, Note 1)

Legal Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

2. Owner Type (see Guidelines for WWB - NOI Appendix B, Note 2)

____ City ____ County ____ State ____ Federal ____ Private ____ Other

If Other is checked, specify type below:

3. Operator Information (see Guidelines for WWB - NOI Appendix B, Note 3)

Legal Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

4. Treatment Works Information (see Guidelines for WWB - NOI Appendix B, Note 4)

Legal Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

Island: _____ TMK: _____

5. General Description of Wastewater System Process (see Guidelines for WWB- NOI Appendix B, Note 5)

Design Capacity: _____ gpd/mt Actual Capacity: _____ gpd/mt

Is This Facility a Class I Sludge Management Facility? ____ Yes ____ No

Total Population Served: _____

6. Sludge Received, Used, or Disposed (see Guidelines for WWB - NOI Appendix B, Note 6)

Amount of wastewater sludge received, used, or disposed

- a. Generated at the facility: _____ dry metric tons
- b. Total received from off site: _____ dry metric tons
- c. Treated or blended on site: _____ dry metric tons
- d. Sold or given away in a bag or other container for land application: ____ dry metric tons
- e. Total shipped off site for treatment or blending: _____ dry metric tons
- f. Total applied to the land in bulk form: _____ dry metric tons
- g. Placed on a surface disposal site: _____ dry metric tons
- h. Fired in a sludge incinerator: _____ dry metric tons
- i. Sent to a municipal solid waste landfill: _____ dry metric tons
- j. Used or disposed by another practice: _____ dry metric tons

Describe: _____

7. Wastewater Effluent Use or Disposal (see Guidelines for WWB - NOI Appendix B, Note 7)

- a. Amount of R-1 Water produced: _____ mgd
- b. Amount of R-2 Water produced: _____ mgd
- c. Amount of R-3 Water produced: _____ mgd
- d. Amount of Other produced: _____ mgd
- e. Effluent discharge to: _____

8. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for WWB - NOI Appendix B, Note 8)

Provide the status and corresponding permit or file numbers on any existing or pending environmental permits, registration, licenses, or approvals.

- a. Wastewater Branch approvals, registration, permits: _____
- b. NPDES Permit or NGPC File No.: _____
- c. UIC Permit: _____
- d. Solid Waste Permit: _____
- e. Other Permits (specify): _____

9. Additional Information (see Guidelines for WWB - NOI Appendix B, Note 9)

10. Contractor Information (see Guidelines for WWB - NOI Appendix B, Note 10)

Are any operational or maintenance aspects of this facility the responsibility of a contractor?

_____ No _____ Yes If yes, provide the following information for each contractor

Legal Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Street Address: _____

City, State, & Zip Code: _____

Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

Responsibility of contractor: _____

11. NGPC Renewal (see Guidelines for WWB - NOI Appendix B, Note 11)

Is this an application for NGPC renewal?

No _____ Yes _____ If yes, provide the assigned File No: _____

12. Authorization of Representation (see Guidelines for WWB - NOI Appendix B, Note 12)

Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required WWB - NOI Form for coverage under the general permit for treatment works for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code + 4: _____

Street Address: _____

Authorized Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required WWB - NOI Form for coverage under the general permit for treatment works for the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code + 4: _____

Street Address: _____

Authorized Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required WWB - NOI Form for coverage under the general permit for treatment works for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code + 4: _____

Street Address: _____

Authorized Contact Person & Title: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

13. Certification. (see Guidelines, WWB - NOI Appendix B Appendix B, Note 13)

Alteration of this item will result in the invalidation of this WWB - NOI Form submittal. The person certifying this WWB - NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.

_____ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.

_____ I certify that for a state agency, I am a principal executive officer or ranking elected official.

_____ I certify that for a non-federal agency, I am a principal executive officer or ranking elected official.

_____ I certify that for a federal public agency, I am a principal executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

_____ I certify that I am a general partner for a partnership.

_____ I certify that I am the proprietor for a sole proprietorship.

_____ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of the principal business function, or I perform similar policy or decision making functions for the corporation.

_____ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities an authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

_____ I certify that for a trust, I am a trustee.

_____ I certify that for a limited liability company (LLC), I am the Manager or Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: (_____) _____ Fax No.: (_____) _____

Upon request, you must submit any other information necessary to assess the wastewater and/or wastewater sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Wastewater Branch
919 Ala Moana Boulevard, #309
Honolulu, Hawaii 96814